

**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	10/720,914
Filing Date	November 24, 2003
First Named inventor	Robert Longman
Title	Product Auctions
Art Unit	3625
Examiner Name	James H. Zurita
Attorney Docket Number	2101.1001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Thomas E. McKiernan	37,889

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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☒ The address associated with Customer Number:

OR

21,171

☒ Firm or Individual Name Staas & Halsey LLP

Address 1201 New York Ave. NW Suite 700

City Washington

State DC Zip 20005

Country United States

Telephone 202.434.1500

Email tmckiernan@s-n-h.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Robert Longman

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of two forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	10/720,814
Filing Date	November 24, 2003
First Named Inventor	Robert Longman
Title	Product Auctions
Art Unit	3625
Examiner Name	James H. Zurita
Attorney Docket Number	2101.1001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Thomas E. McKiernan	37,889

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Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

21,171

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Staes & Halsey LLP		
Address	1201 New York Ave. NW Suite 700		
City	Washington	State	DC
Country	United States		
Telephone	202.434.1500	Email	tmckiernan@s-n-h.com
Zip	20005		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	7-1-2008
Name	Sophia C. Li	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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